



Rockford Police Department Safety Camp



Date: August 11th and 12th, 2015 (Tuesday and Wednesday)

Time: 11:00 a.m. to 4:00 p.m.

Location: New Zion Missionary Baptist Church
604 Salter Ave.
Rockford, IL. 61102

Age: Students entering the 4th and 5th grade

Cost: **FREE!** Lunch will be provided.

Qualifications: An interest in learning about safety, a willingness to learn, have a positive attitude, and a strong desire to have fun! This two day camp provides an opportunity for 4th and 5th grade children to spend time with their local Rockford Police Officers and learn much more than just the usual safety lessons. This camp is also designed to teach students about their safety of fire, water, guns, animals, and much more. If you have any questions, please contact:

Officer C. Tillmon-Listhrop at (779) 537-0858 or Courtney.Tillmon-Listhrop@Rockfordil.gov

Officer P. Turner at (815) 494-1018 or Patrice.Turner@Rockfordil.gov

Officer R. Cory at (815)-378-7888 or Ryan.Cory@Rockfordil.gov

Please keep this page for your records



Rockford Police Department Safety Camp

Please print clearly and fully complete the form. When completed, sign and date the form and drop it off at the Rockford Police Department or mail to:

Officer Tillmon-Listhrop, Rockford Police Dept., 420 W. State St., Rockford, IL 61101

You will be notified by phone or e-mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you!

Name (Last, First, Middle): _____

Parent/Guardian's Name: _____

Address: _____

Telephone: _____ E-mail address: _____

Date of birth/Age: _____ M/F: _____ Shirt size: _____

School: _____ Grade: _____

List any food allergies: _____

ALTERNATE EMERGENCY CONTACT: (Other than above listed parent information)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____ CELL: _____

Do you have any physical disabilities for which we may have to make accommodations? _____

If so, please tell us what accommodations are needed:

Parent's Signature _____ Student's Signature _____

Date _____



Rockford Police Department Safety Camp

Emergency Authorization For: _____
(Juvenile's name)

I hereby give consent and permission to any licensed physician to hospitalize and secure proper treatment for and to the above named child if needed. This form may be photocopied for use during the program.

Signature of Parent/Guardian

Date

Waiver of Civil Liability Junior Police Academy

I hereby waive any and all claims and demands of whatever nature which I have or may hereafter acquire against the City of Rockford, the Rockford Police Department Safety Camp, its officers and agents, as a result of my permission for my child's participation in the Safety Camp on the date and time specified: between the hours of 12:00 p.m. and 4 p.m. from August 11th-August 12th, 2015. I further agree that my child will comply with all rules of the program and any instructions or orders issued by the program coordinators in connection with the program. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

Parent/Guardian's Name (Please Print)

Signature of Parent/Guardian

Date Signed